



## Residential Rehabilitation Program (For Single Family Owner Occupied Homes)

**CITY OF SAN BRUNO**  
**REDEVELOPMENT AGENCY**

### Preliminary Application

Applicant's Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address (if different from Residence Address): \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

What is your Gross Annual Household Income: \_\_\_\_\_

Briefly explain the work that needs to be done: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need assistance in finding a contractor? Yes \_\_\_\_\_ No \_\_\_\_\_

Thank you for filling out this preliminary application for the Residential Rehabilitation Program.  
Please mail or fax to:

San Bruno Redevelopment Agency  
Redevelopment Division  
Attn: Mark Sullivan  
567 El Camino Real  
San Bruno, CA 94066

PHONE: (650) 616-7074  
FAX: (650) 873-6749  
EMAIL: [msullivan@ci.sanbruno.ca.us](mailto:msullivan@ci.sanbruno.ca.us)

Note: This preliminary application will help to determine whether you qualify for the San Bruno Redevelopment Agency's Residential Rehabilitation Program. If the information you provide on this preliminary application indicates that you may be eligible for a rehabilitation loan or grant, we will work with you to continue the application process. You must then complete a more detailed loan application, provide supporting documentation, and allow a building inspector to enter and inspect your home.